

PART B—ISSUE FEE TRANSMITTAL

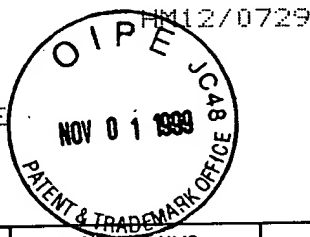
and mail this form, together with applicable fees, to:

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JONES & ASKEW
24 MONARCH TOWER
3424 PEACHTREE RD. NE
ATLANTA GA 30326



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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

M. Scott Boone

(Depositor's name)

(Signature)

10/28/99

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/817,547	03/27/97	019	KEMMERER, E	1646 07/29

First Named Applicant: ADERMANN, 35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION: ANTIBODIES THAT BIND PEPTIDES FROM THE HPTH SEQUENCE (1-3 (AS AMENDED))

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NOV 03 1999

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	Publishing Fee
1 07896-0007	435-007.100	W38	UTILITY	YES	\$605.00	10/25

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jones & Askew, LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Haemoep Pharma GmbH

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Germany

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

10/28/99

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